STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
7410	PROSTHODONTICS, LTD.			
3. Street Address Principal Business Office		City	State	Zip
200 Waterman Street		Providence	RI	02906
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 421-2022	RHODE ISLAND			9233

7. Brief Description of the Character of Business Conducted in Rhode Island
DENTISTRY

8. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Dr Burton P. Sackett, DMD			Dr Lawrence J. Dario DMD		
Street Address			Street Address		
200 Waterman Street			200 Waterman Street		
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
Secretary Name			**Treasurer Name**		
Dr Lawrence J. Dario DMD			Dr Burton P. Sackett DMD		
Street Address			Street Address		
200 Waterman Street			200 Waterman Street		
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906

9. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 NO PAR VALUE		Without Par	1000		No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X _____
Signature of Officer *Date*

Dr Burton P. Sackett 1/29/05
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date	2-4-05
Check No.	129-75
By:	

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1** • **Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
7410	PROSTHODONTICS, LTD.			
3. Street Address Principal Business Office		City	State	Zip
200 WATERMAN STREET		PROVIDENCE	RI	02906
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401 421-2022	~~RHODE ISLAND~~			~~9233~~
7. Brief Description of the Character of Business Conducted in Rhode Island				
DENTISTRY				

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	*Vice President Name*
DR BURTON P. SACKETT DMD	DR LAWRENCE J. DARIO DMD
Street Address	*Street Address*
200 WATERMAN STREET	200 WATERMAN STREET
City / *State* / *Zip*	*City* / *State* / *Zip*
PROVIDENCE / RI / 02906	PROVIDENCE / RI / 02906
Secretary Name	*Treasurer Name*
DR LAWRENCE J. DARIO DMD	DR BURTON P. SACKETT DMD
Street Address	*Street Address*
200 WATERMAN STREET	200 WATERMAN STREET
City / *State* / *Zip*	*City* / *State* / *Zip*
PROVIDENCE / RI / 02906	PROVIDENCE / RI / 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	*Director Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*
Director Name	*Director Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 NO PAR VALUE		WITHOUT PAR	1000		NO PAR VALUE

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

* 7 4 1 0 *

File Date 2.10.04

Check No. 12130

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X

Signature of Officer — *Date* 1/29/04

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 Rev. 12/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 7410
2. Name of Corporation: PROSTHODONTICS, LTD.
3. Street Address Principal Business Office: 200 WATERMAN ST City: Providence State: RI Zip: 02906
4. Business Phone No.: 401 421-2022
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9233
7. Brief Description of the Character of Business Conducted in Rhode Island: Dentistry

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: DR Burton P. SACKETT DMD
Street Address: 200 WATERMAN ST
City: PROVIDENCE State: RI Zip: 02906

Vice President Name: DR LAWRENCE J DARIO DMD
Street Address: 200 WATERMAN Street
City: PROVIDENCE State: RI Zip: 02906

Secretary Name: Dr LAWRENCE J DARIO DMD
Street Address: 200 WATERMAN ST
City: PROVIDENCE State: RI Zip: 02906

Treasurer Name: Dr. Burton P. SACKETT
Street Address: 200 WATERMAN ST
City: PROVIDENCE State: RI Zip: 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		Without PAR

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000		No par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

* 7 4 1 0 *

File Date: 3-24-03

Check No.: 11293

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [signature] Date 1/30/03

Print or Type Name of Officer: Dr Burton P. SACKETT DMD

Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 7410
2. Name of Corporation: PROSTHODONTICS, LTD.
3. Street Address Principal Business Office: 200 WATERMAN Street — City: Providence — State: RI — Zip: 02906
4. Business Phone No.: 401-421-2022
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9233
7. Brief Description of the Character of Business Conducted in Rhode Island: DENTISTRY

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: BURTON P. SACKETT DMD
Street Address: 200 WATERMAN ST
City: PROVIDENCE, RI 02906

Vice President Name: LAWRENCE J. DARIO, DMD
Street Address: 200 WATERMAN STREET
City: PROVIDENCE, RI 02906

Secretary Name: LAWRENCE J DARIO, DMD
Street Address: 200 WATERMAN ST
City: PROVIDENCE RI 02906

Treasurer Name: BURTON P. SACKETT DMD
Street Address: 200 WATERMAN STREET
City: PROVIDENCE RI 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name / Street Address / City / State / Zip

Director Name / Street Address / City / State / Zip

Director Name / Street Address / City / State / Zip

Director Name / Street Address / City / State / Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		WITHOUT PAR NO PAR VALUE 0

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
		0 no par value

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 7 4 1 0 *

File Date: 3-7-02

Check No.: 10435

By: C

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X _____ 3/7/02
Signature of Officer — Date

DR BURTON P. SACKETT DMD
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 7410
2. Name of Corporation PROSTHODONTICS, LTD.
3. Street Address Principal Business Office 200 WATERMAN STREET City PROVIDENCE State RI Zip 02906
4. Business Phone No. 401 421-2022
5. State of Incorporation RHODE ISLAND
6. 9255
7. Brief Description of the Character of Business Conducted in Rhode Island DENTISTRY

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name BURTON P SACKETT DMD
Street Address 200 WATERMAN STREET
City PROVIDENCE State RI Zip 02906

Vice President Name LAWRENCE J. DARIO DMD
Street Address 200 WATERMAN STREET
City PROVIDENCE State RI Zip 02906

Secretary Name LAWRENCE J. DARIO DMD
Street Address 200 WATERMAN STREET
City PROVIDENCE State RI Zip 02906

Treasurer Name BURTON P. SACKETT DMD
Street Address 200 WATERMAN STREET
City PROVIDENCE State RI Zip 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VAL		Without par

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000		Without par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] *7410*

File Date: 2/26

Check No.: 9529

By: Dr

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Date

DR BURTON P. SACKETT 2/22/01

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/00

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 7410
2. Name of Corporation PROSTHODONTICS, LTD.

3. Street Address Principal Business Office: 200 Waterman St — City: Providence — State: RI — Zip: 02906
4. Business Phone No.: 401 421-2022
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9233
7. Brief Description of the Character of Business Conducted in Rhode Island: Dentistry (Prosthodontics)

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: Burton P. Sackett DMD
Street Address: 200 Waterman St
City: Providence State: RI Zip: 02906

Vice President Name: Lawrence J. Dorio DMD
Street Address: 200 Waterman St
City: Providence State: RI Zip: 02906

Secretary Name: Lawrence J. Dorio DMD
Street Address: 200 Waterman St
City: Providence State: RI Zip: 02906

Treasurer Name: Burton P. Sackett DMD
Street Address: 200 Waterman St
City: Providence State: RI Zip: 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VAL		Without Par

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000		without par

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] *7410*

File Date: 2-23-00
Check No.: 8696
By: AMF
FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X _____ 2/17/00
Signature of Officer Date

DR BURTON P. SACKETT
Print or Type Name of Officer

PRESIDENT
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ~~1999~~

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 7410
2. Name of Corporation: PROSTHODONTICS, LTD.
3. Street Address Principal Business Office: 200 WATERMAN STREET
   City: PROVIDENCE State: RI Zip: 02906
4. Business Phone No.: (401) 421-2022
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9233
7. Brief Description of the Character of Business Conducted in Rhode Island: DENTISTRY (PROSTHODONTICS)

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: Burton P. Sackett DMD	Vice President Name: LAWRENCE J. DARIO DMD
Street Address: 200 WATERMAN ST	Street Address: 200 WATERMAN ST
City: PROVIDENCE State: RI Zip: 02906	City: PROVIDENCE State: RI Zip: 02906
Secretary Name: LAWRENCE J. DARIO, D.M.D	Treasurer Name: Burton P. Sackett DMD
Street Address: 200 WATERMAN ST	Street Address: 200 WATERMAN ST
City: PROVIDENCE State: RI Zip: 02906	City: PROVIDENCE State: RI Zip: 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VAL	WITHOUT PAR	1000

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
		WITHOUT PAR

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

* 7 4 1 0 *

File Date: Jan 29, 99

Check No.: 7588

By: J.D.

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X [signature] 1/13/99
Signature of Officer Date

Dr Burton P Sackett DMD
Print or Type Name of Officer

PRESIDENT
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 7410
2. Name of Corporation: PROSTHODONTICS, LTD.
3. Street Address Principal Business Office: 200 WATERMAN ST — City: PROVIDENCE — State: RI — Zip: 02906
4. Business Phone No.: (401) 424-2022
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9233
7. Brief Description of the Character of Business Conducted in Rhode Island: DENTISTRY (PROSTHODONTICS)

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name: BURTON P. SACKETT DMD
Street Address: 200 WATERMAN ST
City: PROV. — State: RI — Zip: 02906

Vice President Name: LAWRENCE J. DARIO, DMD
Street Address: 200 WATERMAN ST
City: PROV. — State: RI — Zip: 02906

Secretary Name: LAWRENCE J. DARIO DMD
Street Address: 200 WATERMAN ST
City: PROVIDENCE — State: RI — Zip: 02906

Treasurer Name: BURTON P. SACKETT DMD
Street Address: 200 WATERMAN ST
City: PROVIDENCE — State: RI — Zip: 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VAL	WITHOUT PAR	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000		WITHOUT PAR

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

7410

File Date: 1/29/98

Check No.: 6614

By: MD

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer — Date

DR BURTON P. SACKETT 1/22/98

Print or Type Name of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 7410
2. Name of Corporation: PROSTHODONTICS, LTD.
3. Street Address Principal Business Office: 200 WATERMAN ST — City: PROVIDENCE — State: RI — Zip: 02906
4. Business Phone No.: (401) 421-2022
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9233
7. Brief Description of the Character of Business Conducted in Rhode Island: DENTISTRY

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) ☐

President Name: BURTON L. SACKETT DMD	Vice President Name: LAWRENCE J. DARIO DMD
Street Address: 200 WATERMAN ST	Street Address: 200 WATERMAN ST
City: PROVIDENCE State: RI Zip: 02906	City: PROVIDENCE State: RI Zip: 02906
Secretary Name: LAWRENCE J DARIO DMD	Treasurer Name: BURTON L. SACKETT DMD
Street Address: 200 WATERMAN ST	Street Address: 200 WATERMAN ST
City: PROVIDENCE State: RI Zip: 02906	City: PROVIDENCE State: RI Zip: 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) ☐

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*"X" BOX FOR ATTACHMENT*) ☐

AUTHORIZED SHARES			ISSUED SHARES ✓		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VAL			WITHOUT PAR 1000		

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 7 4 1 0 *

File Date: 1-30-97

Check No.: 4937

By: WP/SEC

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer — Date: 1/16/97

Print or Type Name of Officer: BURTON L. SACKETT DMD

Title of Officer: PRESIDENT

PROFIT CORPORATION ANNUAL REPORT

1996

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1–March 1
Filing Fee: $50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
7410	PROSTHODONTICS, LTD.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
200 WATERMAN ST	PROVIDENCE	RI	02906

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
401 421-2022	RHODE ISLAND	9233

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
DENTISTRY (PROSTHODONTICS)

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
BURTON P. SACKETT DMD	200 WATERMAN ST	PROV	RI	02906

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
LAWRENCE J. DARIO DMD	200 WATERMAN ST	PROV	RI	02906

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
LAWRENCE J DARIO DMD	200 WATERMAN ST	PROV	RI	02906

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
BURTON P. SACKETT DMD	200 WATERMAN ST	PROV	RI	02906

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS NO PAR VAL		WITHOUT PAR	1000	—	WITHOUT PAR

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X _____ Signature of Officer

BURTON P. SACKETT DMD
Print or Type Name of Officer

_____ Title of Officer

1/11/96 Date

File Date: 2/15/96
Check No: 3205
By: CCR LP

For Secretary of State Use Only

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

CK # 1666

ANNUAL REPORT
Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0007410 Annual Report for the year: 1995

Name of Corporation: PROSTHODONTICS, LTD

Business entity organized under the laws of the State of: R. I.

Business Entity is (check one):
[ ] Business Corporation (See RIGL Chapter 7-1.1)
[x] Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

Phone: ( )

Brief statement of the character of business conducted in Rhode Island:

DENTISTRY

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

200 Waterman Street
Providence, R.I. 02906
Phone: (401) 421-2022

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Burton P. Sackett DMD	200 Waterman Street	Providence, R.I.	02906
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Lawrence J. Dario DMD	200 Waterman Street	Providence, R.I.	02906
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Lawrence J. Dario DMD	200 Waterman Street	Providence, RI	02906
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Burton P. Sackett DMD	200 Waterman Street	Providence, RI	02906

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1000 shares no par value			

Date Jan. 25, 19 95 By: [signature]

PRINT OR TYPE NAME OF OFFICER SIGNING: Burton P. Sackett DMD
TITLE OF OFFICER SIGNING: President

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

BURTON P. SACKETT
200 WATERMAN ST.
PROVIDENCE RI 02906

PAID
JAN 31 1995
SECY OF STATE

Filing Fee $50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT

Myc ck # 15902
$50.00

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

State of Rhode Island and Providence Plantations
Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401 277 3040

Corporate ID: 0007410 Annual Report for the years 1994

Name of Business Entity: PROSTHODONTICS, LTD.

Business entity organized under the laws of the State of: R.I.

Federal Taxpayer Identification Number [redacted]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address. Not P.O. Box):

200 Waterman Street
Providence, R.I. 02906

Phone: (401) 421-2022

Business Entity is (check one)

[ ] Business Corporation (See RIGL Chapter 7-1.1)
[✓] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Dr.Burton P.Sackett DMD
200 Waterman Street
Providence, RI 02906

Brief statement of the character of business conducted in Rhode Island:

DENTISTRY

Date of Organization: 3/22/77 MK

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☑ PRESIDENT (Check One)	Burton P. Sackett DMD	200 Waterman St.	Providence, RI	02906
☐ CHIEF OPERATING OFFICER OR ☑ VICE PRESIDENT (Check One)	Lawrence J. Dario, DMD	200 Waterman St.	Providence, RI	02906
☐ CUSTODIAN OF RECORDS OR ☑ SECRETARY (Check One)	Lawrence J. Dario DMD	200 Waterman St.	Providence, RI	02906
☐ CHIEF FINANCIAL OFFICER OR ☑ TREASURER (Check One)	Burton P. Sackett DMD	200 Waterman St	Providence, RI	02906

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000 Shares
CLASS no par value
SERIES
PAR VALUE OR WITHOUT PAR without par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER
CLASS
SERIES
PAR VALUE OR WITHOUT PAR

FILED
APR 25 1994
By

Date 4/17/ 19 94

By Burton P. Sackett DMD Pres
PRINT OR TYPE NAME OF OFFICER SIGNING
Lawrence J. Dario, DMD
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

BURTON P. SACKETT
200 WATERMAN ST.
PROVIDENCE RI 02906

Filing Fee $50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0007410

Annual Report for the year 1993

FIRST: The name of the corporation is PROSTHODONTICS, LTD.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is DENTISTRY

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 200 Waterman St. Providence, RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Burton P. Sackett DMD	President	200 Waterman St. Prov. R.I. 02906
Lawrence J. Dario DMD	Vice President	200 Waterman St. Prov. RI 02906
Lawrence J. Dario, DMD	Secretary	200 Waterman St. Prov. RI 02906
Burton P. Sackett DMD	Treasurer	200 Waterman St. Prov. RI. 02906

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
FEB 10 1993
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated February 8, 1993 1993

PROSTHODONTICS LTD
(Name of Corporation)

By Burton P. Sackett Pres.

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0007410 Annual Report for the year 1992

FIRST: The name of the corporation is PROSTHODONTICS, LTD.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is DENTISTRY

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 200 Waterman Street Providence, RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Burton P. Sackett, DMD	Director	200 Waterman St. Providence, RI 02906
Lawrence J. Dario, DMD	Director	200 Waterman St. Providence, RI
	Director	
Burton P. Sackett DMD	President	200 Waterman St. Providence, RI
Lawrence J. Dario DMD	Vice President	200 Waterman St. Providence, RI
Lawrence J. Dario, DMD	Secretary	200 Waterman St. Providence RI
Burton P. Sackett DMD	Treasurer	200 Waterman St Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

EIGHTH: Number of Shares issued: 5512367

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated 1/28 19 92

Pros Thodontics Ltd.
(Name of Corporation)

By [signature]

Title Pres

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0007410 Annual Report for the year 1991

FIRST: The name of the corporation is ~~BURTON P. SACKETT, D.M.D., LTD.~~ BURTON P. SACKETT, D.M.D., LTD.
PROSTHODONTICS, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is dental services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island
200 Waterman Street, Providence, Rhode Island 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Burton P. Sackett	Director	200 Waterman St., Prov., RI 02906
Lawrence J. Dario	Director	200 Waterman St., Prov., RI 02906
	Director	
Burton P. Sackett	President	200 Waterman St., Prov., RI 02906
Lawrence J. Dario	Vice President	same as above
Lawrence J. Dario	Secretary	same as above
Burton P. Sackett	Treasurer	same as above

RECEIVED JAN 10 10 24 SECRETARY OF STATE CORP.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		no par

Rec'd & Filed JAN 10 1991

Dated January 10, 19 91

PROSTHODONTICS, LTD.
(Name of Corporation)

By [signature]

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

C2

Corporate ID 0007410 Annual Report for the year 1990

FIRST: The name of the corporation is BURTON P. SACKETT, D.M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dentistry

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 200 Waterman St. Providence, R.I. 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Burton P. Sackett, DMD	Director	200 Waterman St. Providence, R.I. 02906
	Director	
	Director	
Burton P. Sackett, DMD	President	200 Waterman St. Providence, R.I. 02906
Burton P. Sackett, DMD	Vice President	200 Waterman St. Providence, R.I. 02906
Burton P. Sackett, DMD	Secretary	200 Waterman St. Providence, R.I. 02906
Burton P. Sackett, DMD	Treasurer	200 Waterman St. Providence, R.I. 02906

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
JAN 30 1990
SEC'Y. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated January 29, 1990 19 90

Burton P. Sackett, DMD, Ltd.
(Name of Corporation)

By Burton P. Sackett DMD

Title Pres.

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0007410 Annual Report for the year 1989

FIRST: The name of the corporation is BURTON P. SACKETT, D.M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Dentistry

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 200 Waterman St. Providence, R.I. 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Burton P. Sackett, DMD	Director	200 Waterman St. Providence, R.I. 02906
	Director	
	Director	
Burton P. Sackett, DMD	President	200 Waterman St. Providence, RI 02906
Burton P. Sackett, DMD	Vice President	200 Waterman St. Provodence, R.I. 02906
Burton P. Sackett, DMD	Secretary	200 Waterman St. Providence, R.I. 02906
Burton P. Sackett DMD	Treasurer	200 Waterman St. Providence, R.I. 02906

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
FEB 21 1989
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated Feb. 9, 1989 19

Burton P. Sackett, DMD LTd.
(Name of Corporation)

By Burton P. Sackett

Title Pres.

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 7410 Annual Report for the year 1988

FIRST: The name of the corporation is BURTON P. SACKETT, D.M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is DENTISTRY

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 200 Waterman St. Providence, R.I. 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Burton P. Sackett, D.M.D.	Director	200 Waterman Street Providence, R.I. 02906
	Director	
	Director	
Burton P. Sackett, D.M.D.	President	200 Waterman St. Providence, R.I. 02906
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID

JAN 25 1988

SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

JAN 27 1988

Dated ..... 19 .....

(Name of Corporation)

By .....

Title Pres

(Report must be signed by an officer)

Form 3 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 7410 Annual Report for the year 1987

FIRST: The name of the corporation is BURTON P. SACKETT, D.M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the practice of prosthetic dentistry and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island Registered Agent: Richard A. Boren, Esq.
360 So. Main St.
Providence, R. I. 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Burton P. Sackett	President	200 Waterman St., Providence, R. I.
Burton P. Sackett	Vice President	same as above
Burton P. Sackett	Secretary	same as above
Burton P. Sackett	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	------	no par value

PAID
MAR 5 1987
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	------	no par value

JUN 09 1987

Dated February 18, 1987 19

Burton P. Sackett D.M.D., Ltd.
(Name of Corporation)

By Burton P. Sackett

Title

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 7410 Annual Report for the year 1986

FIRST: The name of the corporation is BURTON P. SACKETT, D.M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Prosthetic Dentistry

FOURTH: If foreign corporation, address of its principal office —

FIFTH: Business address in Rhode Island 200 Waterman ST
Providence, RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Burton P Sackett	President	200 Waterman St
" "	Vice President	" " "
" "	Secretary	" " "
" "	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		no par

MAR 15 1986

02/20/86 PAID
CHECK 13420A001 15.00

Dated 2/6 19 86

Burton P. Sackett, D.M.D., Ltd
(Name of Corporation)

By Burton P Sackett

Title Pres

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 7410 Annual Report for the year 1985

FIRST: The name of the corporation is BURTON P. SACKETT, D.M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Prosthetic Dentistry

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 200 Waterman Street
Providence, R. I. 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Dr. BURTON P. SACKETT	Director	200 Waterman St., Providence, R.I.,02906
" " "	Director	" "
" " "	Director	" "
" " "	President	" "
" " "	Vice President	" "
" " "	Secretary	" "
" " "	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		0

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		0

Dated 2/25/85 19 85

RECEIVED MAR

Burton P. Sackett, DMD, Ldt.
(Name of Corporation)

By [signature]

Title [signature]

(Report must be signed by an officer)

Form 31 1/85

BURTON P. SACKETT, D.M.D., LTD.
BURTON P. SACKETT
200 WATERMAN ST.
PROVIDENCE RI
02906

Filing fee: $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is

BURTON P. SACKETT, D.M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the practice of prosthetic dentistry and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island - Registered Agent: Richard A. Boren, Esq., 360 So. Main St., Providence, R. I. 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Burton P. Sackett	President	200 Waterman St., Providence, R.I.
Burton P. Sackett	Vice President	Same as above
Burton P. Sackett	Secretary	Same as above
Burton P. Sackett	Treasurer	Same as above

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	---	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	---	no par value

Dated: February 19 84

BURTON P. SACKETT, D.M.D., LTD.
(Name of Corporation)

By Burton P. Sackett

Title Pres

(Report must be signed by an officer)

MAR 20 1984

3 14 84

29465

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82

Filing fee: $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is Burton P. Sackett, D.M.D.,Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Prosthetic Dentistry

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 200 Waterman Street, Providence, R. I., 02906

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Dr. Burton P. Sackett	President	200 Waterman Street., Providence, R. I.
"	Vice President	" "
"	Secretary	" "
"	Treasurer	" "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

MAR 2 1983

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No. par value

2 22 83

Dated: 2/17/83 19

BURTON P. SACKETT, D.M.D., LTD.
(Name of Corporation)

By: Burton P Sackett

Title: Pres.

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82

Filing fee: $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is Dr. Burton P. Sackett, D.M.D., Ltd.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is Prosthetic Dentistry

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 200 Waterman Street, Providence, R. I., 02906

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
Dr. Burton P. Sackett	Director	200 Waterman St., Providence, R. I.
same	President	same
same	Vice President	same
same	Secretary	same
same	Treasurer	same

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	---	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common	----	no par value

Dated: January 7, 1982 19

Dr. Burton P. Sackett, D.M.D., LTD.
(Name of Corporation)

By

Title President

JAN 14 1982

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Form 31 — 10-81

Filing fee: $15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

DR Burton P Sackett, Ltd

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Burton P Sackett, D M D, Ltd

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is 220 So Main Street

and the name of its registered agent in Rhode Island at such address is Alvin N Rizzo, Esq

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is To engage in the practice of Dentistry and any other lawful purpose

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
	Director	
	Director	
	Director	
	Director	
	Director	
	Director	
Burton P Sackett	President	200 Waterman St.
	Vice President	Providence RI 02906
	Secretary	
	Treasurer	

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common	3 81	No par value

8603A14....1500BL

MAR 3 1981

Form 3: 11-80

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common	---	No Par Value

Dated February 9, 1981 Dr. Burton P. Sackett, Ltd.
(NAME OF CORPORATION)

By Burton P. Sackett

Its Pres.

Filing fee: $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT OF

BURTON P. SACKETT, D.M.D., LTD.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is BURTON P. SACKETT, D.M.D., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is 220 South Main Street, Providence, R.I. 02903

and the name of its registered agent in Rhode Island at such address is Alvin N. Biener, Esq.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is to engage in the practice of prosthetic dentistry and any other lawful purpose.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
	Director	
	Director	
	Director	
	Director	
	Director	
	Director	
Burton P. Sackett	President	200 Waterman St., Prov., R.I.
Burton P. Sackett	Vice President	Same as above
Burton P. Sackett	Secretary	Same as above
Burton P. Sackett	Treasurer	Same as above

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
1000	common	--	No Par Value

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	common	--	No Par Value

Dated 2/11, 1980

BURTON P. SACKETT, D.M.D., LTD.
(NAME OF CORPORATION)

By Burton P. Sackett

Its President